

**RECEIVED
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MAR 29 2006

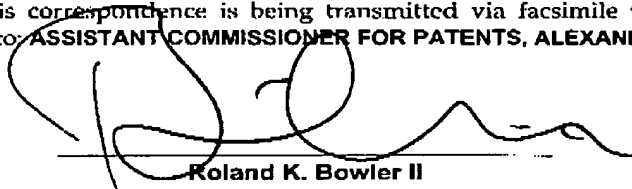
**PATENT
Expedited Procedure
After Final Response
Under 37 CFR 1.116****IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

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I hereby certify that this correspondence is being transmitted via facsimile to 571-273-8300 on 29 MARCH 2006 addressed to: ASSISTANT COMMISSIONER FOR PATENTS, ALEXANDRIA, VA 22313.


Roland K. Bowler II

Applicant:	KOTZIN ET AL.)	
)	
)	Examiner J. Stein
Appl. No.	10/647,410)	
)	Art Unit 2685
Confirm. No.	2657)	
)	Atty. Docket No. CS23254RA
Filed:	25 August 2003)	
Title:	"Handover During Packet Session in Wireless Communication Networks and Methods"		

TRANSMITTAL UNDER 37 CFR 1.116

Assistant Commissioner for Patents
Alexandria, Virginia 22313

KOTZIN ET AL.
"Handover During Packet Session in Wireless
Communication Networks and Methods"
Atty. Docket No. CS23254RA

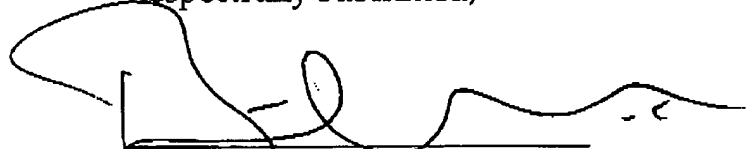
Appl. No. 10/647,410
Confirm. No. 2657
Examiner J. Stein
Art Unit 2685

Sir:

The following is enclosed in response to the final Office Action of
8 February 2006:

- ☒ Response under 37 CFR 1.116 (14 pages);
- ☒ Fee Calculation Sheet (NO FEE DUE).

Respectfully submitted,



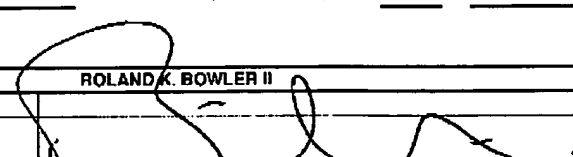
ROLAND K. BOWLER II 29 MAR. 2006
REG. NO. 33,477

MOTOROLA, INC.
INTELLECTUAL PROPERTY DEPT. (RKB)
600 NORTH U.S. HIGHWAY 45, AN475
LIBERTYVILLE, ILLINOIS 60048

TELEPHONE NO. (847) 523-3978
FACSIMILE NO. (847) 523-2350

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FEE TRANSMITTAL Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					Complete if Known Application Number: 10/647,410 Filing Date: 25 August 2003 First Named Inventor: KOTZIN ET AL. Examiner Name: J. Stein Group Art Unit: 2685 Attorney Docket No.: CS23254RA																																																																																																																																																						
TOTAL AMOUNT OF PAYMENT: (\$) 0.00					FEE CALCULATION (continued)																																																																																																																																																						
METHOD OF PAYMENT (check all that apply)					4. ADDITIONAL FEES																																																																																																																																																						
Check	Credit card	Money Order	Other	None																																																																																																																																																							
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 502117 Deposit Account Name: MOTOROLA INC. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late Provisional Filing</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr> <tr><td>1804</td><td>020*</td><td>1804</td><td>020*</td><td>Requesting publication of SIR prior to Examiner action</td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td></tr> <tr><td>1251</td><td>120</td><td>2251</td><td>00</td><td>Extension for reply within first month</td></tr> <tr><td>1252</td><td>450</td><td>2252</td><td>225</td><td>Extension for reply within second month</td></tr> <tr><td>1253</td><td>1020</td><td>2253</td><td>510</td><td>Extension for reply within third month</td></tr> <tr><td>1254</td><td>1590</td><td>2254</td><td>795</td><td>Extension for reply within fourth month</td></tr> <tr><td>1255</td><td>2160</td><td>2255</td><td>1080</td><td>Extension for reply within fifth month</td></tr> <tr><td>1401</td><td>500</td><td>2401</td><td>250</td><td>Notice of Appeal</td></tr> <tr><td>1402</td><td>500</td><td>2402</td><td>250</td><td>Filing a brief in support of an appeal</td></tr> <tr><td>1403</td><td>1000</td><td>2403</td><td>500</td><td>Request for oral hearing</td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td><td>Petition to institute a paten use proceeding</td></tr> <tr><td>1452</td><td>500</td><td>2452</td><td>250</td><td>Petition to revive - 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2. EXTRA CLAIM FEES Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent: 50 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent: 200 Multiple Dependent Claims: 300 Total Claims: 1 (20 or HP) = 1 x 50 = 50 HP = highest number of total claims paid for: if greater than 3 indep. Claims: 1 Extra Claims: 1 Fee (\$): 200 - 3 or HP = 1 x 200 = 200																																																																																																																																																											
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee is \$250 (\$125 for small entity) For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.10(c). Total Sheets: 100 Extra Sheets: 50 Number of each additional 50 or fraction thereof: 1 Fee (\$): 250 (round up to a whole number)																																																																																																																																																											
SUBMITTED BY ROLAND K. BOWLER II Name (Print/Type) Signature: 					5. OTHER FEE(S) (specify) Non-English Specification: \$130 fee (no small entity discount) Fee Paid (\$): Registration No.: 33,477 Telephone: 847-523-3978 Date: 29 March 2006																																																																																																																																																						

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RESPONSE UNDER 37 C.F.R. § 1.116

Assistant Commissioner for Patents
Alexandria, Virginia 22313

Sir:

The claims pending are re-produced below.

In The Claims: